



**State of Connecticut
Office of Health Care Access
Instructions for Certificate of Need Application Form
Form 2000**

CON Application

A Certificate of Need (CON) is required if it is determined that an Applicant is a health care facility or institution as defined by the Connecticut General Statutes and: 1) is proposing a capital expenditure over \$1 million; or 2) is purchasing major medical equipment, imaging equipment or a linear accelerator with a capital expenditure over \$400,000; or 3) is proposing a new function or service or to terminate services. Additionally, any person proposing to acquire imaging equipment or a linear accelerator with a capital cost greater than \$400,000 requires CON authorization.

The CON Application consists of two parts, the completed Letter of Intent Form or CON Determination Form, and the CON Application Form. The CON Application Form may be submitted to OHCA no earlier than 60 days after submission of a completed Letter of Intent Form and no later than 120 days after submission of a completed Letter of Intent Form. Applicants may request in writing an extension of up to 30 days provided that the request is received within 120 days of the date the Letter of Intent was filed with OHCA.

General Instructions

This CON Application form has been designed specifically for your proposal. All questions should be responded to completely. If any question is not responded to completely, your application will be held incomplete. It is critical that in your responses you clearly state all assumptions used in the development of the proposal and show all calculations. Should any information not be pertinent to your proposal, "Not Applicable" is an acceptable response. The review of your responses may result in additional questions from OHCA staff before a CON application may be deemed complete.

Depending on the questions you are asked, you may be required to submit the requested information as an attachment. Please number all attachments in the order that they are requested in the Application form.

Each Applicant is required to submit an Affidavit. If the Applicant is an acute care hospital or hospital affiliate, then the Hospital Affidavit must be completed. All other Applicants must complete the General Affidavit.

OHCA requires an original and five copies of your completed application form. All pages must be consecutively numbered. Please send completed CON Application filings to:

Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

If you have any questions, please contact Susan Cole at (860) 418-7001.

Review Checklist:

Please submit a copy of this checklist with your application form.

Provide the following items in your CON application:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Affidavit
<input type="checkbox"/>	<input type="checkbox"/>	Summary of Revenues, Expenses and Volume Statistics
<input type="checkbox"/>	<input type="checkbox"/>	Lease Agreement (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Vendor Quotation (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Management/Operating Agreements
<input type="checkbox"/>	<input type="checkbox"/>	Amortization Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Audited Financial Statements for the most recently completed fiscal year
<input type="checkbox"/>	<input type="checkbox"/>	Standard of Practice Guidelines